



## ILLINOIS WIRELESS INFORMATION NETWORK - DETAIL REPORT REQUEST

Department Name: \_\_\_\_\_

We are requesting a report on the following user(s):

User Name \_\_\_\_\_ User ID \_\_\_\_\_

User Name \_\_\_\_\_ User ID \_\_\_\_\_

User Name \_\_\_\_\_ User ID \_\_\_\_\_

User Name \_\_\_\_\_ User ID \_\_\_\_\_

*Please attach another copy of this form if you need additional user reports.*

Type of report requested (LEADS Responses/Messages Sent/Both): \_\_\_\_\_

Date/Time of Reports Requested: \_\_\_\_\_

We are requesting a report on a specific LEADS query. Please specify type of query, date and time it was run, and what the query was \_\_\_\_\_

Person you want the report sent to: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Signature of  
Director/Chief: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Director/Chief: \_\_\_\_\_

CMS/BCCS Network Services  
120 W. Jefferson, 1st Floor  
Springfield, Illinois 62702-5103  
Fax: 217-785-9460

**For additional Information  
contact Network Services  
at 217-524-1319  
or 217-557-6555**

*Please allow 10 business days to receive your report.*